Llywodraeth Cymru
Welsh Government

POLICY AND STRATEGY, DOCUMENT

# The quality statement for cancer

The quality statement describes what good quality cancer services should look like.

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The quality statement for cancer is a live document and may be updated at any time.

# Introduction

Cancer is the most common cause of death and premature death, accounting for around one quarter of all deaths in Wales. Partly due to increased life expectancy and the resulting ageing of the population, around 1-in-2 people will be diagnosed with a cancer during their lifetime. Therefore, it is vital that cancer is effectively prevented where possible, that cases of cancer are detected at earlier stages, and that complex treatment pathways are optimised to provide rapid access to treatment; while throughout people are properly supported and co-produce their care. Ultimately, the aim is to reduce the incidence of cancer and to improve cancer survival and mortality rates.

The introduction of quality statements was signalled in 'a healthier Wales' and has been described in the national clinical framework as the next level of national planning for specific clinical services. The quality statement for cancer sets national planning expectations for the NHS in Wales. It also includes nationally agreed pathways and service specifications to guide NHS planning and delivery, as well as the metrics that will be used to measure quality and outcomes. NHS organisations in Wales retain their statutory responsibility for delivering their functions through their planning and delivery processes in line with these expectations, pathways, and service specifications.

Health boards and NHS trusts in Wales will receive support to deliver the quality statement from the NHS Wales Executive and other national organisations. This support will be coordinated by the Welsh Government's National Cancer Leadership Board chaired by the Deputy Chief Medical Officer and the Deputy Chief Executive of NHS Wales, with support from the lead NHS chief executive for cancer and the National Clinical Lead for Cancer. The National Cancer

Leadership Board will coordinate the following national workstreams:

- the NHS cancer improvement plan 2023 to 2026: the action health boards, and other NHS organisations are taking to improve cancer services; more information can be found at **the National Strategic Clinical Network for Cancer's webpage on the NHS Wales Executive's website** (https://executive.nhs.wales/functions/networks-and-planning/cancer/)
- the NHS cancer recovery programme 2024 to 2027: the support provided by the NHS Executive to health boards and NHS trusts to transform how cancer pathways and service models are designed in line with the National Optimal Pathways; more information can be found at **the national cancer recovery programme's webpage on the NHS Wales Executive's website** (https://executive.nhs.wales/functions/strategic-programme-for-planned-care/national-cancer-recovery-programme/)
- the tackling cancer (innovation) initiative: the ministerially led national programme supported by the Life Sciences Hub to encourage and enable more NHS collaboration with third sector and industry partners to innovate cancer care; more detail can be found at **the cancer: improving outcomes in Wales webpage on Life Sciences Hub Wales** (https://lshubwales.com/cancer)
- the tackling cancer through research: the national programme enabling more cancer research and better access to clinical trials, guided by the cancer research strategy for Wales; more information can be found at **the cancer research strategy page for the Wales Cancer Research Centre** (https://walescancerresearchcentre.org/crest/)

The National Cancer Leadership Board will develop and deliver a workplan to deliver and monitor these national workstreams. The board will address any lack of progress through the Welsh Government’s monthly assurance meetings on cancer with health boards and NHS trusts.

# Planning expectations for the delivery of cancer care in Wales

## Equitable

1. Organisational executives, clinical leaders, and operational managers routinely collaborate at the national level to improve the quality of locally provided care and to address inequity of provision.
2. Health boards and NHS trusts use nationally comparable datasets, peer review and national audit to prompt cycles of quality improvement to address harm, waste and unwarranted variation.
3. The NHS Wales Executive reviews datasets and uses peer review reporting to identify and escalate service variation or fragility through to formal accountability processes.
4. The NHS works with industry through the Wales Cancer Industry Forum to support organisations to identify, test, and where appropriate, roll out innovation in cancer care through national programmes.
5. Health boards and NHS trusts, with support from Health Education and Improvement Wales, use workforce planning processes to ensure local services have the required workforce in place to deliver the national optimal pathways.

## Safe

6. Emerging evidence of significant or widespread harm, or service fragility that may result in harm, is identified and escalated for system action through the Quality and Delivery Board.
7. Recommended population and targeted screening programmes for cancer are available, uptake and follow up meets service standards, and participation is equitable.

8. More specialist cancer services that are fragile or cannot meet clinical standards have reconfigured into more resilient health board wide or regional or super-regional services.
9. Acute oncology services are available in all acute hospitals and are integrated with unscheduled care services.

## Effective

10. More cases of cancer are detected at earlier stages through more timely access to diagnostic investigations and application of suspected cancer referral guidance.
11. Nationally recommended therapies are routinely available, and new therapies are subject to whole pathway planning processes.
12. All eligible patients are offered access to research trials and Wales provides excellent supporting infrastructure for cancer research.

## Efficient

13. National optimal pathways are in place for all cancer types, and recurrent disease, and fully implemented by NHS organisations.
14. The cancer patient record is delivered on a modern, stable and secure IT platform that enables greater integration of care and provides the relevant data to guide service delivery and development.
15. Clinical specialists working in cancer pathways are supported to work at the top of their license, improve their skill mix, and can take part in service innovation, quality improvement, and research activity.

## Person centred

16. Holistic needs should be assessed at key points throughout the cancer

pathway to identify a person's individual needs.

17. A co-produced treatment plan should be developed through shared decision making, ensuring that people affected by cancer are supported to make decisions and understand the risks and benefits of treatment.
18. Precision medicine enables the use of the right treatment for the right person at the right time, enhancing efficacy and avoiding toxicity (side effects).
19. Pre-habilitation and rehabilitation should be offered for all patients who have, or very likely to have cancer, and clinical teams should apply making every contact count throughout the pathway.

### Timely

20. At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion.
21. Services deliver access to radiotherapy in line with the Clinical Oncology Subcommittee metrics and access to SACT in line with the national SACT metrics.
22. Health boards should provide prompt and timely cancer diagnostic investigation in line with all published National Optimal Pathways to support patients to start treatment or be reassured that they do not have cancer.

## Measuring cancer care and outcomes

Cancer care is subject to an extensive set of measures. The headline performance target (expectation 20) is part of the NHS performance framework and the closed (completed) pathway data is published monthly as official statistics, including more than forty publicly available measures. These can be accessed at **Digital Health and Care Wales' cancer data page** (https://dhcw.nhs.wales/data/statistical-publications-data-products-and-open-data/cancer-data/).

The Welsh Government funds ten national clinical audits as part of the national clinical audit and outcome review programme. These audits compare the quality of patient care across England and Wales. The audits support clinical teams to deliver quality improvement cycles and provide NHS organisations with benchmarking data to monitor quality of care and outcomes. These audit reports are publicly available at **the National Cancer Audit Collaborating Centre** (https://www.natcan.org.uk/).

Official statistics on cancer outcomes – such as survival and mortality – are collated and reported annually by the Wales Cancer Intelligence and Surveillance Unit. These can be found at: cancer survival and mortality rates are reported by **the Wales Cancer Intelligence and Surveillance Unit (phw.nhs.wales)** (https://phw.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/).

In addition to these publicly available datasets, the NHS in Wales compiles and uses a large amount of management data describing the component waits of patient pathways. This management data is not validated to meet the required data standards for publishing. It includes data on all open (uncompleted) pathways, which are all patients waiting to be diagnosed or treated. It also includes measures of time to radiotherapy and time to systemic anti-cancer therapy for all patients. NHS access to this data can be found on **the cancer dataset dashboards webpage at Digital Health and Care Wales** (https://dhcw.nhs.wales/data/statistical-publications-data-products-and-open-data/cancer-data/cancer-dataset-dashboards/).

To improve these datasets and the availability of publicly reported data, the National Cancer Leadership Board is working with Digital Health and Care Wales to agree a cancer data development roadmap. This will look to address important gaps in the dataset to deliver a more comprehensive set of quality and outcome metrics for cancer services.

# Annex A - national pathways and service specifications

The NHS Executive has developed the following nationally agreed pathways for adoption by NHS organisations:

- breast cancer
- breast metastatic
- children's cancer
- colorectal cancer
- gynaecological cancer
  - cervical
  - endometrial
  - ovarian
  - vulval
- head and neck
  - mucosal
  - neck Lymph
- lower GI FIT (Gastrointestinal Faecal Immunochemical Testing)
- lung cancer
- neuroendocrine cancer
- sarcoma
- teenage and young adults cancer
- upper GI
  - gastric
  - hepatocellular carcinoma
  - oesophageal
  - pancreas
- urological cancer
  - bladder
  - penile

    - prostate
    - renal
    - testicular
- vague symptoms

These can be found at **the suspected cancer pathway page on the NHS Wales Executive's website** (https://executive.nhs.wales/functions/networks-and-planning/cancer/workstreams/suspected-cancer-pathway/).

The NHS Wales Executive has developed the following national service specifications to support health board planning and assurance:

- Hepato-Pancreato-Biliary Surgery
- Oesophago-Gastric Surgery
- Rapid Diagnostic Centres
- Radiotherapy
- Acute Oncology (in development)

These can be found at **the service specifications webpage on the NHS Wales Executive's website** (https://executive.nhs.wales/service-specifications/).